

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8931**
Registrar's No. **2414**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1949a Alice Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 57 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY C. RUPP.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert G. Rupp 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct. 13. 1882
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 27 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

MOTHER FATHER { 12. Name Henry Tranel
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Helen Keisker
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Albert G. Rupp
(b) Address 1949a Alice Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 13. 40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]
(b) Address 2117 E. Grand Blvd

19. (a) MAR 12 1940 (b) J. F. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limit, write "RURAL") 9
(d) Street No. 1949a Alice Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1940 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from July 10/38 to Mar 10 1940

that I last saw her alive on Mar 10 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus & Bladder Urinary

Due to 7-10-38
3-10-40

Due to 48

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature B. J. Stuegel (M. D. or other) Address 1873 Madison Date signed 3/4/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.